



Docket No.: 37998-237519
(PATENT) IFW

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Christoph Hock et al.

Appln. No. 10/554,314

Filed: April 19, 2006

For: METHOD OF MONITORING
IMMUNOTHERAPY

Confirmation No.: 2670

Art Unit : 1649

Examiner: To Be Assigned

Atty. Docket No. 37998-237479

Customer No.
26694

PATENT TRADEMARK OFFICE

RESPONSE TO RESTRICTION REQUIREMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Restriction Requirement as set forth in the Office Action of May 3, 2007, Applicants elect Group I. Group I contains claims 1-10 and 18, drawn to a method of monitoring an immunotherapy in a subject suffering a neurodegenerative disease.

It is not believed that any fees are due with the filing of this paper. In the event that any such fees are due, the Office is authorized to charge deposit account no. 22-0261 and notify the undersigned accordingly.

Dated: June 1, 2007

Respectfully submitted,

By Kavita B. Lepping
Kavita B. Lepping
Registration No.: 54,262
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Attorney/Agent For Applicant



| | | | | | |
|--|--|--------------------------|------------------------|---------------------|--------------|
| <div>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</div> <div>FEE TRANSMITTAL For FY 2007</div> | | Complete if Known | | | |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 | | Application Number | 10/554,314-Conf. #2670 | | |
| | | Filing Date | April 19, 2006 | | |
| | | First Named Inventor | Christoph Hock | | |
| | | Examiner Name | C. Y. Wang | | |
| | | Art Unit | 1649 | | |
| TOTAL AMOUNT OF PAYMENT | | (\$) | 0.00 | Attorney Docket No. | 37998-237479 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 22-0261 Deposit Account Name: Venable LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|---------------------------------|-------------|---------------------------------|------------------|---------------------------------|----------------|
| | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | Fee (\$) | <u>Small Entity</u> Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | <u>Small Entity</u> Fee (\$) |
|--|---|---------------------------------|
| | Each claim over 20 (including Reissues) | 50 |
| Each independent claim over 3 (including Reissues) | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

Total Claims

- 20 =

x

=

Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims

- 3 =

x

=

Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 = | /50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

| | | | | | |
|---------------------|--------------------------|--------------------------------------|--------------|-----------|----------------|
| SUBMITTED BY | | | | | |
| Signature | <u>Kavita B. Lepping</u> | Registration No. (Attorney/Agent) | 54,262 | Telephone | (202) 344-4000 |
| Name (Print/Type) | Kavita B. Lepping | Date | June 1, 2007 | | |